Foster Family Home - Corrective Action Report Provider ID: 1-120024 Home Name: Judith Sanchez, CNA Review ID: 1-120024-7 94-231 Kiaha Lp. Reviewer: Sue Lo Mililani End Date: 4/23/2019 96789 Begin Date: 4/4/2018 **Foster Family Home Required Certificate** [17-1454-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and 6(d)(1) Home visit made for a 2 bed recertification requested to change to 3 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 5/5/2018. Foster Family Home **Personnel and Staffing** [17-1454-41] Have a current tuberculosis clearance that meets department of health guidelines; and 41.(b)(7) Comment: 41.(b)(7) Lapsed on TB Clearance due on/before 8/14/17 was done on 9/15/17 for CG#2. **Foster Family Home Fire Safety** [17-1454-45] All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. 45.(b)(2) 45.(b)(2) Documentation of unannounced fire drill training not present in the home for CGs #2, #3, and #4. Compliance Manager

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Judith 1. Sancher

CCFFH Address: 94-231 Kiaha Loop Mililami #1 96789

Number Number Prevention Strategy VI(b)(7) Lappe cannot do 4/5/18 I understand TB anything to Clearance in to be correct done every year before due date. I will und The Calendon	Rule	Corrective Action Taken		
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Primary Caregiver's Signature:

Applanely

Print Name: JUDITH P. SANCHEZ Date of Signature: 4/18/18